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|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/650,467 | FILING OR 371(c)<br>DATE<br>08/28/2003<br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1649 | ATTORNEY<br>DOCKET NO.<br>28341/6223.NDV1 |
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/721,870 11/24/2000 PAT 6,632,621 which claims benefit of 60/167,523 11/24/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/24/2004

|                                 |  |              |                    |
|---------------------------------|--|--------------|--------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  |              |                    |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after  |              |                    |
| Verified and Acknowledged       | Allowance  Initials             |              |                    |
|                                 | Examiner's Signature  Initials  |              |                    |
| STATE OR COUNTRY                | SHEETS DRAWING   | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| MI                              | 1  | 21           | 4                  |

## ADDRESS

04743

## TITLE

G protein-coupled receptor-like receptors and modulators thereof

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1004 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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